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ABSTRACT

This study was undertaken to examine the possibility of controlling examination and public speaking anxiety through behavior therapy techniques. It was assumed that a reduction of examination and public speaking anxiety through such techniques would improve student performance. Three subjects participated in the study--all female, 30 years old, and fulltime students. Inclusion in the study required that anxiety have an inhibitory effect on the student's performance. The subjects were gradually and systematically introduced to anxiety-producing situations while in a state of relaxation. The situations were organized according to degree of anxiety produced, and the subjects continued to a higher anxiety situation only when the previous situation had ceased to cause anxiety, i.e., when the students had been desensitized. Later sessions switched to behavioral rehearsal and in-vivo approaches to phobic situations. Each subject reported significant improvement that was also noticed by teachers, classmates, and friends. The study concludes that efforts should be made to allow for optimal student performance whether within traditional education or competency-based/performance-based teacher education programs. (PB)

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EXAMINATION AND PUBLIC SPEAKING ANXIETY CASE STUDIES: A LEARNING-PERFORMANCE DISCREPANCY ISSUE FOR CB/PBTE

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CB/PBTE is initially discussed with regard to its stress on observable student performance. This reliance on a performance measure is evaluated according to a S-O-R learning approach and possible learning-performance discrepancy. It is assumed that for CB/PBTE to be theoretically sound, student performance should directly reflect underlying learning. It is recommended that procedures be implemented to reduce learning-performance discrepancy within CB/PBTE.

Case study descriptions of a systematic desensitization project for examination and public speaking anxiety are presented. Since anxiety reduces student performance, reduction in anxiety should increase student performance in line with the student's underlying learning. That is, the learning-performance discrepancy should be reduced.

If student performance is the critical measure of success, then procedures should be utilized to assure maximal student performance.

A fundamental assumption in competency- and performance-based teacher education (CB/PBTE) is student demonstration or performance of specified knowledge, skills, and/or behaviors, which are assumed or have been proven necessary for effective teaching. Airasian (1974, pg. 14) makes five major assumptions with regard to PBTE:

1. There exists a set of performances which is important for all teachers to possess.
2. It is reasonable to identify, define, and set standards for the relevant performances.
3. Once identified, we possess the knowledge and skill to teach the relevant performances.
4. Teaching can be characterized as the sum of the defined performances.
5. The performances are measurably related to student learning.

Furthermore, New York State's Education Department Division of Teacher Education and Certification July 1, 1974 memorandum on teacher education program proposals (pg. 8) states: "III. Assessment A. student performance (by examination, demonstration, etc.) is the primary measure of success." A survey of New York State's Teacher Education Developmental Service (1974) Glossary of Terms: Competency-Based Teacher Education confirms

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the stress on 'behavioral objectives' and observable external behavior performance.

The above formulation can be characterized as an S-R learning approach, i.e., the teacher or student teacher is to emit specific performance behaviors (responses) in given educational situations (stimuli). However, an organismic (O-variable) can be introduced to reflect the teacher's or student teacher's internal cognitive and emotional processes. Thus, a S(stimulus)-O(organismic)-R(response) learning approach can be formulated. Using this S-O-R model, 'learning' can be defined as an O-variable, while 'performance' can be defined as an R-variable. <u>While it is usually assumed that observed performance directly reflects underlying learning, this need not be the case</u>. Tolman and Honzik's (1930) study on latent learning readily demonstrates that a discrepancy may exist between cognitive 'learning' and performance.

Within an educational situation, anxiety may contribute to the discrepancy between a student's acquired (learned) information and displayed performance. In other words, increased anxiety may result in reduced student performance which, in a CB/PBTE program, may result in a 'false negative.' A 'false negative' refers to '...a candidate who is rejected at any phase, according to the screening or selection standards used at that phase, but would have succeeded on the job if passed through (Bass & Barrett, 1972, pg. 314)." Thus, if a CB/PBTE program is to be in effect, an effort should be made to reduce the learning-performance discrepancy.

A pilot project was undertaken by this author at the Mercy College Counseling Center to study the possibility of controlling examination and public speaking anxiety through behavior therapy techniques. It was assumed that a reduction of examination and public speaking anxiety would increase student performance, i.e., reduce the learning-performance discrepancy.

Eight initial interviews were conducted from student respondents to college-wide class announcements of the exam-

ination and public speaking anxiety project. Three students were then selected on the basis of the intake interview information. Inclusion within the project required anxiety to have an inhibitory effect on student performance. The intake interviews presented in Appendix A readily demonstrate the detrimental effects of anxiety. Several students were rejected due to: (a) anxiety had beneficial effects, i.e., anxiety over an upcoming examination served as motivation to increase study; and, (b) reported anxiety did not affect student performance, i.e., student in-class performance was above-average even with 'bothersome' anxiety.

The project participants were all female, approx. 30 yrs. old, and full-time seniors in psychology and behavioral science. Since systematic desensitization behavior therapy was the primary project procedure, Ss' degree of imagination and relaxation were assessed. To determine degree of imagination, Ss were instructed to visualize and describe an emotionally neutral scene, e.g., local supermarket, automobile, or favorite outfit. Each S was able to form a very clear and detailed visual image. To determine degree of relaxation, Ss were asked "How often do you achieve the state of complete relaxation: Never, Few Times, Sometimes, Often, Always." Each S responded 'sometimes' to 'often.' Following the initial interview, Ss were instructed: (a) to practice imagination of emotionally neutral scenes; and, (b) to formulate a visual scene which was very relaxing. The specific instructions with regard to the former were:

> Practice imagination. Repeatedly imagine several selected situations or objects until you can visualize them in detail.
>
> For the next meeting, indicate the situations or objects selected and the degree of clarity achieved. Situations or objects should be emotionally neutral, but familiar scenes.

The specific instructions with regard to the latter were:

> Think of one or two scenes that you are able to imagine clearly and that give rise to pleasant, relaxing sensations, e.g., "Sitting on the front stoop of a mountain cabin drinking beer. It is a warm clear day and it is late in the afternoon," or "Lying on an isolated beach with a warm comfortable sun and cool refreshing breeze. The sound of ocean waves is muffled and soothing."
>
> Practice imagining the one or two selected scenes.

The formulated relaxation scenes were as follows:

S_1 "Lying under a very warm sun and relaxing by a country lake; it is very quiet and peaceful"

S_2 "Lying by upstate pond which is surrounded by a wooded area and large weeping willows"

S_3 "Lying on an isolated beach at night next to a warm, flickering barn fire; it is cool and refreshing after a day of swimming"

The first and second sessions centered about identification of specific stimuli within the anxiety situations. S_1 and S_3 were public speaking phobic, while S_2 was examination phobic. Through therapist questioning and client information, a hierarchy was formed which indicated specific scenes producing low or no anxiety (0-3), moderate anxiety (4-7), and severe anxiety (8-10). The constructed hierarchies are presented in Appendix B. The reader is referred to Rimm and Masters (1974, pg. 56-60) for detailed instructions on hierarchy formation.

In summary, Ss were gradually and systematically introduced to hierarchy steps while in a state of relaxation. The basic Wolpian (1958, 1969) theory assumes that relaxation is 'reciprocally inhibiting' for anxiety, i.e., relaxation competes with or is mutually exclusive with anxiety. Over desensitization trials, 'counterconditioning' occurs, i.e., the anxiety reactions are replaced by the more appropriate relaxation.

Relaxation exercises were demonstrated in the second session. The specific instructions are given in Appendix C. The relaxation exercises were taken directly from Rimm and Masters (1974, pg. 46-52). The therapist demonstrated each exercise, requesting the Ss to imitate and notice the distinction between tensed and relaxed muscles. The Ss were instructed to practice relaxation exercises at home and attempt to achieve a state of deep relaxation through imagining the specific relaxation scene following the instructions:

> Now I want you to imagine, actually experience if you can, a wave of warm, comfortable, pleasant relaxation... a wave of relaxation that is going to permeate and engulf your entire body; so that when this wave of relaxation reaches a part of your body, this will be a signal to relax even further, totally relax that part of your body. Feel the wave of relaxation engulf your feet and now your

> calves and thighs so they are completely, totally, perfectly relaxed...and now your buttocks and mid-section...warm relaxation making all the muscles loose and flaccid. Now your midsection and up your back and chest, and in your hands and arms, so that if any tension was there it is now draining away...draining away. And this wonderful wave of relaxation is now reaching your shoulders and neck and covering your face so that your mouth is completely relaxed...totally relaxed...and now your tongue and facial muscles are becoming more and more relaxed...now your eyes are being permeated by this calm, wonderful wave of relaxation and your forehead...so relaxed, so pleasant... so heavy (Rimm & Masters, 1974, pg. 50-51).

Systematic desensitization was introduced in the third session. Throughout the project, a S's anxiety level was assessed via a 0 (no anxiety) - 5 (moderate anxiety) - 10 (severe anxiety) scale. Primarily, a S's anxiety level was obtained immediately prior to and following hierarchy scene presentation. At the beginning of the session, Ss were put into a 0 - 1 (low) anxiety state via the above relaxation instructions followed by imagination of the specific relaxation scene. The lowest hierarchy step was read with the S indicating formation of clear visualization by raising his index finger. Ten to fifteen seconds later, the S's anxiety level was assessed. Progression to the next hierarchy step was contingent upon a subjective report of no anxiety to the present hierarchy step. It was often necessary to repeat the relaxation instructions and re-present a hierarchy scene several times to obtain the required no anxiety reaction. In order to accelerate systematic desensitization, Ss were instructed, at the end of the fourth session, to continue the procedure at home with specific directions to progress to the next hierarchy step only when they feel 'comfortable' at the present level. Therefore, systematic desensitization procedures were applied daily rather than on a weekly basis.

The weekly sessions were then shifted to behavioral rehearsal and in-vivo approach to the phobic situations. The behavioral rehearsal procedure consisted of simulated role playing. For example, for S_1, behavioral rehearsal consisted of: (1) therapist calling on S for answer in classroom, (2)

therapist announcing an upcoming speech assignment to S in classroom, (3) S giving speech to therapist from seat within classroom, (4) S giving speech to therapist while sitting at front of classroom, (5) S giving speech to therapist while standing at front of classroom, and (6) S giving speech to therapist while standing on elevated platform. Given the availability of other students, the size of the audience could have been systematically increased. For S_2, behavioral rehearsal consisted of: (1) S sitting in on another class during an examination, (2) S practicing calculations while sitting in on statistics class during an examination, (3) S taking statistics examination alone, and (4) S taking statistics examination in class. For S_3, behavioral rehearsal consisted of: (1) S sitting in classroom talking to therapist on non-controversial matter with therapist non-antagonistic, (2) S standing at front of classroom talking to therapist on non-controversial matter with therapist non-antagonistic, (3) S standing at front of classroom talking to therapist on controversial matter with therapist non-antagonistic, (4) S standing at front of classroom talking to therapist on controversial matter with therapist antagonistic, (5) S standing on elevated platform talking to therapist on controversial matter with therapist antagonistic, (6) S standing on lecture hall platform giving speech to therapist on non-controversial matter with therapist non-antagonistic, and (7) S standing on lecture hall platform giving speech to therapist on controversial matter with therapist antagonistic. Furthermore, for S_3, additional work was accomplished regarding the logic and organization of speech and 'argument' material. The S was instructed to maintain the appearance of 'calmness' by monitoring and decreasing her speech rate. The S was also instructed to maintain a 'journalistic' attitude, i.e., to rely on research findings, statistics, etc. to support her position or conclusion. S_3 primarily displayed an assertion problem, i.e., while she wished to express her feminist and politically left positions, she was fearful of antagonistic reactions by others.

Thus, her public speaking phobia was primarily an interpersonal communication problem.

Each of the Ss subjectively reported 'significant' or 'substantial' improvement that was also noticed by their teachers, classmates, friends, etc. Furthermore, S_2 reported an increase in examination grades. However, due to confounding variables and lack of statistical analysis, relating S improvement specifically to the project is speculative.

As indicated by the student statements presented in Appendix A, specific aspects of the educational situation can be traumatic for some students. The concluding point being forwarded is that efforts should be made to allow for optimal student performance whether within traditional education or CB/PBTE. A particular approach may be making behavior therapy techniques, including systematic desensitization, assertion training, and behavioral rehearsal, available to students through counseling or student services departments.

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APPENDIX A

INTAKE INTERVIEW

TEST & PUBLIC SPEAKING PROJECT

Please complete and bring to your appointment scheduled on _____.

Name SUBJECT 1 Telephone _____

Address _____

Please provide as much information as possible to the following questions. All responses will be kept in strict confidence.

(1) Indicate present academic year, major, and whether part- or full-time.

Senior year, major psychology and criminal justice, full time

(2) Describe your emotional reactions to a test or public speaking situation.

When I find out that I will have to give a speech there is moderate to severe anxiety. I postpone the writing of the speech until the last day or so because of the increasing anxiety. The evening before the speech I do not sleep the entire night and vomiting sometimes occurs that evening or the day of the speech.

(a) Describe the degree of these emotional reactions. Indicate the severity of these emotional reactions:

0 1 2 3 4 5 6 7 8 9 10

no anxiety — moderate anxiety — severe anxiety

xxxxxxxxxx

As I give the speech, anxiety increases. There is relief when speech is over.

(b) Describe how these emotional anxiety reactions are a 'problem.'

The anxiety relating to the speech makes me irritable and argumentative to the people around me. To myself, sleepless nights and vomiting are not only embarrasing but I feel I am starting to

generalize a little as far as speaking to individual people in class situations (teacher when class is in session. But I am fighting that all the way.)

(c) List and describe the specific situations in which these emotional anxiety reactions are strongest, e.g., test anxiety in all courses or just some courses or public speaking anxiety in large, small, or all groups.

The strongest anxiety occurs in all groups.

(d) Describe the consequences following test or public speaking difficulty. Describe your own feelings and reactions. Describe the feelings and reactions of others, e.g., parents, spouse, friends, other classmates, etc.

Most of the time I feel foolish because I know that everyone has anxiety about speech making. I know I am only letting my emotions get the best of me but that doesn't seem to help.

(e) Describe when you were first aware of test or public speaking anxiety. Did the test or public speaking difficulty originate in elementary school, high school, or college?

The public speaking anxiety originated in elementary school. I was a poor reader until 4th grade, I liked the teacher and had improved my reading. I had to demonstrate my improvement by reading an area that wasn't prepared. The teacher and superintendent were 'angry.'

(f) Describe your overall scholastic ability, including last semester grades.

Scholastic ability - good
Last semester grades - 2 A's, B, & C
Due to the anxiety, I avoided taking the required freshmen Oral Communication course until the last semester of my senior year.

(g) Describe your study habits, including number of hours per day or week. Also, indicate whether you work and, if so, how many hours.

At least 2 hours a day - 16 hours a week; this is for general study, not including reading for papers or required books.
I work about 25 hours a week.

(2) Indicate whetner you have any other 'problems,' e.g., with your parents, family, spouse, classmates, girl/boy friends, etc. Briefly describe each.

None.

(a) Indicate number of children in your family. Also, describe your relationships with your brothers and sisters.

There are four children in my family; I was the last child.
Relationship - good. I was not compared with other children.

(3) Given your level of test or public speaking difficulty, do you expect counseling techniques to be effective?

I feel it is severe, growing from number 7 at the start of a speech and continuing to number 10.
I hope so.

(4) Describe your present health.

Good, except I am being treated for a kidney infection.

(a) Are you presently being treated for any psychological difficulties? Please describe.

No.

(b) Are you presently being treated for any medical difficulties? Please describe.

Urinary tract infection.

(c) Are you presently taking any prescribed medication or drugs? Please indicate drug and dosage level.

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INTAKE INTERVIEW

TEST & PUBLIC SPEAKING PROJECT

Please complete and bring to your appointment scheduled on _____.

Name SUBJECT 2 Telephone _____

Address _____

Please provide as much information as possible to the following questions. All responses will be kept in strict confidence.

(1) Indicate present academic year, major, and whether part- or full-time.

Junior, psychology, full time.

(2) Describe your emotional reactions to a test or public speaking situation.

Two or three days before an exam I become irritable and yell at my family members more than usual. On the day of the actual test, when seated for the exam, I draw a blank and become annoyed and frustrated.

(a) Describe the degree of these emotional reactions. Indicate the severity of these emotional reactions:

0	1	2	3	4	5	6	7	8	9	10
no anxiety				moderate anxiety					severe anxiety	
							xxxxxxxxxxxxxx			

Before test - 7 or 8
Day of test - 10
I have to read questions two or three times before they make sense.
Higher anxiety for math or statistics examinations.

(b) Describe how these emotional anxiety reactions are a 'problem.'

The poor test marks are often reflected in grades when other sources are not used when grading. It causes a disturbance within myself and my anxieties are taken out on my children and husband.

(c) List and describe the specific situations in which these emotional anxiety reactions are strongest, e.g., test anxiety in all courses or just some courses or public speaking anxiety in large, small, or all groups.

Statistics - because I am a poor math student, but I hope my calculator will give me enough support.
Courses that rely solely on test marks for grading purposes.

(d) Describe the consequences following test or public speaking difficulty. Describe your own feelings and reactions. Describe the feelings and reactions of others, e.g., parents, spouse, friends, other classmates, etc.

I become very annoyed with myself and angry because I know I know the material. I won't tell anyone my grades and it frustrates me to the point of tears. My husband's attitude is so what else is new - "you know you can't take a test."

(e) Describe when you were first aware of test or public speaking anxiety. Did the test or public speaking difficulty originate in elementary school, high school, or college?

Originated in junior high school because my mother was called to school and I was given oral examinations whenever possible.

(f) Describe your overall scholastic ability, including last semester grades.

I did much better since I returned to college, 11 years later. The first term I managed C's and B's. Thereafter, I found out which teachers did not weigh examinations heavily and took those

courses. Last term I got 2 B+'s, 1 B, & 1 C+ because I only had to take exams in one course.

(g) Describe your study habits, including number of hours per day or week. Also, indicate whether you work and, if so, how many hours.

I generally devote 2 hours per 3 credit course in studying. This term I am taking 6 courses so I study approximately 12 hours depending on course material.
I take care of my house and family approximately 30 hours/week and I work approximately 12 hours/week.

(2) Indicate whetner you have any other 'problems,' e.g., with your parents, family, spouse, classmates, girl/boy friends, etc. Briefly describe each.

Father-in-law: lives with us, he is a neurotic, selfish 'son-of-a-bitch' and is causing behavior problems with out children and between my husband and myself.
Financial: negotiating for business.
Eldest son emotionally disturbed, undergoing therapy twice a week - $$$

(a) Indicate number of children in your family. Also, describe your relationships with your brothers and sisters.

Sons - XXX 11½ years old - good
XXX 2½ years old - terrible 2's, but tolerable
Father-in-law - lousy

(3) Given your level of test or public speaking difficulty, do you expect counseling techniques to be effective?

Hopefully yes, because I take tests much better now than I ever did before. I manage to just about pass and I think that counseling would help.

(4) Describe your present health.

Lactose intolerance (milk-sugar), special diet.
Gastro-esophageal reflux - sometimes bad, most of the time tolerable.
Limited diet due to milk allergy & fish allergy.
Peptic ulcer disease - limited treatment due to milk allergy.

(a) Are you presently being treated for any psychological difficulties? Please describe.

Externalizing emotions through therapy and learning how to relax.

(b) Are you presently being treated for any medical difficulties? Please describe.

Reflux & ulcers when they act up.

(c) Are you presently taking any prescribed medication or drugs? Please indicate drug and dosage level.

Alternate depending upon severity - ureacholine (1 tablet at bedtime, 5 grams) or librax (1 tablet at bed time, 10 mgrams).
Mylanta (1 tblespn when necessary)
Benedryl (25 mgrams at bedtime occassionally and when needed for allergy, taken at bedtime because it puts me to sleep).

INTAKE INTERVIEW

TEST & PUBLIC SPEAKING PROJECT

Please complete and bring to your appointment scheduled on _____.

Name SUBJECT 3 Telephone _____

Address _____

Please provide as much information as possible to the following questions. All responses will be kept in strict confidence.

(1) Indicate present academic year, major, and whether part- or full-time.

Senior, Behavioral Science, full-time

(2) Describe your emotional reactions to a test or public speaking situation.

When I first get up to speak, I feel "overcome" by really bad shaking from head to toe. I'm overwhelmed by this reaction, as if it comes from outside of me - takes over regardless of the situation. (In other words, even if I felt no anxiety beforehand and felt calm about speaking.)
It usually leaves in 2-3 minutes, but by that point I'm so self-conscious and embarrassed about my initial reaction that it ruins the rest of the talk.

(a) Describe the degree of these emotional reactions. Indicate the severity of these emotional reactions:

0 1 2 3 4 5 6 7 8 9 10
no anxiety — moderate anxiety — severe anxiety

xxxxxxx throughout remainder of speech

xxxxxxxx initial part of speech

I would say that the reaction is severe for the first few minutes, then gradually subsides.

(b) Describe how these emotional anxiety reactions are a 'problem.'

In many situations I feel that I have a lot to offer - that what is in my head or what I am able to express to a small group of friends - is articulate, informative, etc. It's very frustrating to want to express ideas, etc. in a group and not be able to get

over the hurdle of my own reactions. I feel that if I could learn to cope with this problem I could be active in certain organizations which are very important to me.

(c) List and describe the specific situations in which these emotional anxiety reactions are strongest, e.g., test anxiety in all courses or just some courses or public speaking anxiety in large, small, or all groups.

Once in a while (I haven't figured out why) I don't feel anxiety before a group, but it generally occurs in all groups regardless of size.

(d) Describe the consequences following test or public speaking difficulty. Describe your own feelings and reactions. Describe the feelings and reactions of others, e.g., parents, spouse, friends, other classmates, etc.

The consequences are usually that other people are embarrased for me because the reaction is so obvious and so out of proportion to the occasion. I feel angry with myself and disappointed in myself for being unable to do the kind of job that I had beforehand perceived myself as doing. Other people are "nice" about it, making me feel even more humiliated!
People who haven't heard me speak or know me well just don't understand why I have this difficulty, since they see no reason that I should be unable to express myself.

(e) Describe when you were first aware of test or public speaking anxiety. Did the test or public speaking difficulty originate in elementary school, high school, or college?

I don't remember <u>any</u> speaking experiences in grade school. The first unpleasant experience I recall was in junior high. I can't recall the experience - I just remember that we had a series of speeches - I had so much anxiety about one speech that I couldn't think of a topic and took an "F" instead of giving another speech.
When I took speech in college, I had a great deal of anxiety and used to have a few drinks before I gave a speech.

(f) Describe your overall scholastic ability, including last semester grades.

Last semester my average was 3.92. My overall average is about 3.6-3.8. While I have a good college average, I am sure that my speaking difficulty will seriously hinder my performance in graduate school.

(g) Describe your study habits, including number of hours per day or week. Also, indicate whether you work and, if so, how many hours.

I study as often as I can - I don't work, but have children, so I fit my studying around them. I do most of my studying at night. Most classes are fairly "easy" for me - I could probably do more studying than I do, but I would rather read books that really interest me. I do a lot of reading of my own.

(2) Indicate whetner you have any other 'problems,' e.g., with your parents, family, spouse, classmates, girl/boy friends, etc. Briefly describe each.

I don't feel that I have any other significant problems.

(a) Indicate number of children in your family. Also, describe your relationships with your brothers and sisters.

There are four children in my family. I'm the oldest; I have a sister two years younger, a brother four years younger, and a sister ten years younger. I'm very close to the one whose ten years younger, fairly close to my brother (kind of superficial), and not at all close to my sister who is two years younger.

(3) Given your level of test or public speaking difficulty, do you expect counseling techniques to be effective?

Yes.

(4) Describe your present health.

Good - no health problems.

(a) Are you presently being treated for any psychological difficulties? Please describe.

I've been seeing a counselor for two years, which has and continues to be very helpful. I would say that my major difficulty is a poor sense of self-esteem.

(b) Are you presently being treated for any medical difficulties? Please describe.

No.

(c) Are you presently taking any prescribed medication or drugs? Please indicate drug and dosage level.

No.

APPENDIX B

ANXIETY HIERARCHY FOR SUBJECT 1

Anxiety Level	
0	Standing in front of and talking to a group of mentally retarded children when I was a special education aide.
1	I'm the only one talking to a group of mixed (male and female) friends met on the street.
2	I'm giving my opinion on a specific matter to a group of mixed (male and female) friends met on the street.
3	Going to Oral Communication class on Monday.
4	At work during the evening, personally notified earlier in class of an upcoming speech assignment.
5	On way to library to prepare for upcoming speech assignment after personal notification in class.
6	Giving speech while sitting in class.
7	Reviewing books and preparing material for upcoming speech assignment after personal notification in class.
8	Writing material in preparation for upcoming speech assignment.
8	Personal notification in class by instructor of upcoming speech assignment.
9	Waiting in class for turn to give speech.
9	Actually giving speech, looking at class students.
10	Actually giving speech, looking at instructor filling out evaluation sheet.

APPENDIX B

ANXIETY HIERARCHY FOR SUBJECT 2

Anxiety Level	
1	Instructor announcing essay test, e.g., Social Psychology course.
1	Night before essay test.
1	Taking short-answer objective pre-test, e.g., Psychology of Learning course.
2	Taking spur-of-the-moment essay test.
2	Finishing a short-answer objective test, e.g., Abnormal Psychology course.
3	Taking essay test in small class.
4	Taking short-answer objective test alone.
5	Taking short-answer objective test in a small class with minimum noise.
6	Taking spur-of-the-moment short-answer objective test.
7	Approaching room for short-answer objective test, e.g., Abnormal Psychology course.
8	Answering word fill-in short-answer questions on statistics test.
8	Writing the formulas for the statistics test.
9	Morning of the statistics test.
10	Approaching room for statistics test.
10	Performing calculations on the statistics test.

APPENDIX B

ANXIETY HIERARCHY FOR SUBJECT 3

Anxiety Level	
0	Sitting with a small group of friends at home discussing non-controversial subject matter.
1	Sitting with a small group of friends at home discussing controversial subject matter.
3	Sitting with a small group of friends at work (seminar room) discussing non-controversial and non-important subject matter.
4	Sitting with a small group of mixed (male & female) strangers at work (seminar room) discussing non-controversial and non-important subject matter.
5	Standing in front of a small group of mixed (male & female) strangers at work (seminar room) discussing non-controversial and non-important subject matter.
6	Standing in front of a small group of mixed (male & female) strangers at work (seminar room) discussing controversial and important subject matter.
7	Standing on ground level before a large, predominately female stranger audience. It is a familiar situation. The subject matter is controversial and important, but the audience questioning is non-antagonistic.
8	Standing on an elevated platform before a large, predominately female stranger audience. It is a familiar situation. The subject matter is controversial and important, but the audience questioning is non-antagonistic.
9	Standing on an elevated platform before a large, predominately female stranger audience. It is an unfamiliar situation. The subject matter is controversial and important, but the audience questioning is non-antagonistic.
10	Standing on an elevated platform before a large mixed (male & female) stranger audience. It is an unfamiliar situation. The subject matter is controversial and important, the audience questioning is antagonistic.
10	Standing on an elevated platform before a large, predominately male stranger audience. It is an unfamiliar situation; the speech is amplified by a microphone. The subject matter is controversial and important, the audience questioning is antagonistic.

APPENDIX C

TEST & PUBLIC SPEAKING PROJECT

RELAXATION EXERCISES - Practice the following exercises as often as possible (Rimm & Masters, 1974, pg. 46-52).

The tension, anxiety, agitation, and discomfort you experience is more a physical state than a mental state. It comes from tense muscles, though you might not even be aware your muscles are tense ...only that you feel uncomfortable. You are going to learn to relax these tense muscles, systematically, so you will feel calm instead of anxious. After you've learned the method, you will be able to do it on your own whenever you begin to feel tense.

The method requires tensing a particular muscle or set of muscles, then relaxing the same muscles. Tense the indicated muscle for 10 seconds, followed by 10-15 seconds of relaxation. Notice how the tension and discomfort are draining from the muscle, being replaced by sensations of comfort and warmth and pleasure. Notice how the muscles feel in comparison to what they felt like when you were tensing. Notice the contrast. See how much better it feels to be relaxed.

Hands - make a tight fist with the dominant hand, as hard as possible; then relax the fist very slowly, notice the difference in sensations.

repeat this sequence with the other fist.

Biceps - with one arm hanging straight down, bend the arm at the elbow toward the shoulder, the elbow should remain at your side; then relax the pressure very slowly, notice the difference in sensations.

repeat this sequence with the other arm.

Triceps - extend one arm out in front of you with the elbow down, arch the arm; then relax the pressure very slowly, notice the difference in sensations.

repeat this sequence with the other arm.

Shoulders - the shoulders are to be pulled back as far as possible; then relax the pressure very slowly, notice the difference in sensations.

the shoulders are to be pushed forward as far as possible; then relax the pressure very slowly, notice the difference in sensations.

Neck - with shoulders straight, turn the head slowly to the right to an extreme position; then relax the pressure slowly, notice the difference in sensations.

repeat this sequence by turning the head to the left.

with shoulders straight, bring the head forward until the chin digs into the chest; then relax the pressure very slowly, notice the difference in sensations.

Back - arch the back with shoulders resting straight against the chair; then relax the pressure slowly, notice the difference in sensations.

carry out the tensing very slowly and terminate immediately if experiencing any pain.

Thighs - the legs are to be extended and raised approximately 6 inches above the floor, toes pointed forward; then relax the pressure very slowly, notice the difference in sensations.